

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7	1		1			
8		1				
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14	1			1		
15		1		1		
16		1		1		
17		3		3		
18		3		3		
19	1			1		
20		1		1		
21		1		1		
22		3		3		
23		3		3		
24		3		3		
25		2		1		
26		3		3		
27		2		1		
28		3		3		
29		2		1		
30		3		3		
31		3		1		
32		3		3		
33		3		1		
34		3		3		
35		3		1		
36		3		3		
37		3		1		
38		3		3		
39	1		1			
40		1		1		
41		2		2		
42		2		2		
43		2		2		
44		2		2		
45		2		2		
46	1		1			
47		1		1		
48		2		2		
49		2		2		
50		2		2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 13		* 13		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		2		
52		2		2		
53		2		2		
54		1		1		
55		1		1		
56		2		2		
57		0		2		
58		0		2		
59		0		2		
60		1		1		
61		1		1		
62		2		2		
63		0		2		
64		0		2		
65		0		2		
66		0		2		
67		0		2		
68		0		2		
69		0		2		
70		0		2		
71		0		2		
72		0		2		
73		0		2		
74		0		2		
75		0		2		
76		0		2		
77		0		2		
78		0		2		
79		0		2		
80		0		2		
81				1		
82				1		
83				1		
84				1		
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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